



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

HIV, STD, & Hepatitis Section - Request for Subgrant Applications

Medical Case Management and Support Services for

Persons Living with HIV/AIDS

SUBGRANT YEAR: APRIL 1 – MARCH 31

PROJECT PERIOD: FEBRUARY 1, 2020 – MARCH 31, 2021

Application Deadline:

Applications must be received electronically or by post or delivery to the HIV, STD & Hepatitis Section on or before: **November 19, 2019 by 5:00 PM MDT.** Applications received after this date and time will not be considered. Applicants will receive an email verifying receipt of the application within one business day and notified of application status by **December 10, 2019.**

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**Request for Applications for Subgrants for
Medical Case Management and Support Services for Persons Living with HIV/AIDS**

1. BACKGROUND

National Program: The Ryan White HIV/AIDS Program (RWHAP) is authorized and funded under Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). The legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times: in 1996, 2000, 2006, and 2009.

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) provides federal funding for HIV/AIDS programs to individual states and territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. RWHAP Part B grants include a Base grant for core medical and support services; the AIDS Drug Assistance Program (ADAP) award; the ADAP Supplemental award for eligible entities that choose to apply; the Part B Supplemental award for grantees with demonstrated need.

The Ryan White HIV/AIDS Program is the largest federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS, have no health insurance (public or private), insufficient health care coverage, and/or lack financial resources to get the care they need. The Ryan White HIV/AIDS Program's purpose is to provide a flexible structure under which this national program can address HIV/AIDS care needs.

The Ryan White HIV/AIDS Program is divided into five (5) Parts, following from the authorizing legislation, Parts A, B, C, D, & F. Part A provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic. Part B of the Ryan White Legislation directs funding to state agencies that are then required to use the funding to provide services consistent with the federal legislation to individuals living with HIV/AIDS as determined by state defined eligibility criteria, which can be found at www.safesex.idaho.gov, under HIV Care and Case Management Documents. Federal funding is formula based and depends on the number of HIV positive cases reported annually to the Centers for Disease Control and Prevention (CDC). Part C of the legislation provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part D provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV. Part F provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include the AIDS Education and Training Centers Program.

Services Section 2612(b)(3) of the PHS Act lists the services that are allowable under the RWHAP Part B Program and distinguishes between core medical and support services. Unless approved for a waiver, grantees are required to spend at least 75 percent (75%) of their RWHAP Part B grant funds on core medical services and no more than 25 percent (25%) on support services.

Core Medical Services: The Ryan White HIV/AIDS Program legislation specifies that the following 13 core medical services are allowable. Grantees must ensure that RWHAP Part B services are provided within the scope of the service category definitions provided by HRSA/HAB.

Note: not all core medical services are funded by the Idaho Ryan White Part B program.

1. Outpatient and ambulatory health services.
2. AIDS Drug Assistance Program treatments.
3. AIDS pharmaceutical assistance.
4. Oral health care.
5. Early intervention services.
6. Health insurance premium and cost sharing assistance for low-income individuals.
7. Home health care.
8. Medical nutrition therapy.
9. Hospice services.
10. Home and community-based health services.
11. Mental health services.
12. Substance abuse outpatient care.
13. Medical case management, including treatment adherence services.

Support Services: The Ryan White HIV/AIDS Program legislation also provides for allowable support services. Grantees must ensure that RWHAP Part B services are provided within the scope of the service category definitions provided by HRSA/HAB. *Note: not all support services are funded by the Idaho Ryan White Part B program.*

1. Case management (non-medical)
2. Child care services
3. Emergency financial assistance
4. Food bank/home-delivered meals
5. Health education/risk reduction
6. Housing services
7. Legal services
8. Linguistics services (interpretation and translation)
9. Medical transportation services
10. Outreach services
11. Psychosocial support services
12. Referral for health care/supportive services
13. Rehabilitation services
14. Respite care
15. Substance abuse services—residential
16. Treatment adherence counseling

Idaho Program: Many states receive funding through multiple parts of the Ryan White Legislation depending upon the size and demographics of the HIV positive population. In Idaho, there are Ryan White Part B, Ryan White Part C, and Ryan White Part F (AIDS Education and Training Program). The Idaho Ryan White Part B (RWPB) program receives funding annually in support of HIV Medical Case Management (MCM) services and the provision of HIV antiviral medications through the AIDS Drug Assistance Program (ADAP) to qualifying individuals. The majority of funding is dedicated to the purchase of HIV medications for ADAP while about a

quarter of funding is available to support HIV MCM services throughout the state. The Idaho RWPB HIV MCM Program has been in existence since 2002. In response to the 2006 federal reauthorization of the Ryan White Care Act, Idaho went from a psychosocial case management model to a medical case management model. The Idaho RWPB HIV MCM Program serves an average of two hundred fifty to three hundred forty (250-340) clients per year throughout the entire state. Currently, there are multiple providers creating a network of services with at least one (1) provider serving each Health District service area.

The medical needs of Idaho's Persons Living with HIV/AIDS (PLWH/A) are met primarily by two Ryan White Part C (RWPC) funded clinics in Idaho. The Family Medicine Residency of Idaho (FMRI) Wellness Center provides medical care to HIV positive individuals in Health District service areas 3, 4, and 5. In July 2012, Pocatello Family Medicine Residency of Idaho (PFMRI) was awarded funding to become a stand-alone RWPC clinic. Previously the clinic operated as a satellite clinic of the Family Medical Residency of Idaho. In 2013, PFMRI became an access point for a federally qualified health center, Health West. The clinic is located on the Pocatello Campus of Idaho State University. The PFMRI clinic provides medical care to HIV positive individuals in Health District service areas 5, 6 and 7.

RWPB HIV MCM Program goals are to: Link PLWH/A to HIV-specific medical services provided by the RWPC clinics and other community based medical services; assist clients with finding permanent housing; enroll eligible clients in Medicare, Medicaid, or other designated payment sources; assess clients' medical care and support needs; develop a plan of care for each individual; and follow and adjust the plan of care as needed. In addition, RWPB-funded MCM is an integral part of the system of checks and balances necessary to ensure that Idaho's PLWH/A receive quality care. With the changing landscape of healthcare payment and access, MCM will be evolving to meet the needs of the HIV positive residents of Idaho as they become apparent.

Interested agencies should prepare for possible fluctuations in clients due to the expansion of Idaho Medicaid which is expected to decrease the number of clients while the expansion of Idaho's Ryan White federal poverty level is expected to increase the number of clients who will qualify for assistance. During 2019, there were fifty-two (52) clients in Health District service area 1 and nineteen (19) clients in Health District service area 2.

2. PURPOSE

The Idaho Department of Health and Welfare, Division of Public Health is seeking a qualified Subgrantee to provide MCM and support services to persons living with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS).

The target population for this subgrant is PLWH/A residing in Idaho, residing in Health District service area 1, and Health District service area 2.

The goal of the Idaho Ryan White Part B program is to improve the health outcomes for people living with HIV and reduce HIV-related health disparities. This is done through subgrants with agencies to increase the number of clients linked to HIV Care services and to ensure clients remain engaged or retained in care and have access to needed support services to reach the ultimate goal of increasing viral load suppression among PLWH/A.

The Idaho Ryan White Part B program is inviting interested agencies to apply for the subgrant and the activities as allowed under the HRSA defined core medical services and support services.

3. SUBGRANT APPLICATION PROCESS AND REQUIREMENTS

Eligible Applicants: Funds are available to non-governmental agencies, quasi-governmental agencies, government agencies, universities, and non-profit organizations that currently provides Medical Case Management services.

Applicants may not have been suspended, debarred or otherwise ineligible for federal funds as part of their application.

Approximate Award Range: Up to \$200,000 per year.

Upon mutual agreement, the Subgrant may be extended and amended. The total Subgrant term, including all extensions and amendments, may not exceed four (4) years.

Questions and Answers: The Ryan White Part B program can provide general technical assistance related to the application process. Contact Rebecca Schliep at rebecca.schliep@dhw.idaho.gov or 208-334-5937 for questions and assistance.

Application Format Requirements: Applications are limited to fifteen (15) pages, not including the subgrant application form, budget proposal, financial risk assessment and W-9 form.

Applications must:

- Be electronically generated (i.e. MS Word, Word Perfect, etc.) in 12-point font;
- Have 1-½ (1.5) line spacing;
- Printed applications must be single-sided on 8.5" X 11" paper

Please do not include materials other than those specifically requested in this application guidance. All material submitted becomes the property of the Idaho Ryan White Part B program.

Application Components:

A completed application will include these components in the following order, incomplete applications will not be reviewed.

1. **Application Face Page (Attachment 1)**

The Subgrant Applicant Information Form does not count toward the 15-page application limit.

2. **Table of Contents**

Applicants are to include a table of contents which reflects the major sections of the application (including the page numbers which major sections can be found).

3. **Project Summary and Background Information**

Identify the applicant organization, other major organizations involved as appropriate, and the service area(s) that will be served. Describe the history, leadership and mission of the organization.

4. Organizational Experience (Attachment 2)

Applicants must complete all sections of the organizational experience document with a detailed description of how they will accomplish the required and optional subgrant activities.

5. Budget Proposal (Attachment 3)

Applicants must complete a detailed budget proposal with justification using the budget proposal document. The budget proposal does not count toward the 15-page application limit.

6. Financial Risk Assessment Questionnaire (Attachment 4)

The questionnaire will not be included in the scoring criteria or in the 15-page limit.

7. Applicant W-9 Form

Applicant must attach their W-9 form

Deadline: Applications and attachments must be received by the Department no later than 5:00 P.M. MT on November 15, 2019.

Submittal Address: Applications must be submitted by the submittal deadline to:

Ryan White Part B/ADAP Program
Idaho Department of Health and Welfare
Attn: Rebecca Schliep
450 W. State Street, 4th Floor
Boise, ID 83720-0036

Electronically: idahoadap@dhw.idaho.gov

Notice: By applying, the applicant acknowledges that the entity must comply with Single Audit requirements according to 2 CFR 200.500-521 (previously OMB A-133), subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA) and any specific grant requirements.

4. EVALUATION OF APPLICATIONS

Subgrant applications will be scored by consensus. The Ryan White Part B/ADAP Program will convene an evaluation committee of three (3) evaluators who will independently review each application to identify the strengths and weaknesses of each proposal. The evaluators will meet as a group to discuss each application and score the applications. To be considered for a Subgrant award, an application must score at least 80 points.

The Project Summary, background information and responses to the organization experience section (Attachment 2) has maximum value of 75 points, the Budget Proposal form (Attachment 3) has a maximum point value of 25 points.

Reviewers will score the applications based on compliance with the application guidelines and capacity of the organization to achieve the proposed activity as outlined in their proposal. Awards will be based on application score and the Department may choose to award more or less than the amount requested. All Applicants will be notified of Subgrant awards in writing.

5. SCOPE OF WORK

For all services included in this subgrant, the subgrantee must ensure that all individuals receiving services:

- have a medical diagnosis of HIV;
- have an Idaho state address and reside in Idaho;
- are not currently an inmate of any state correctional institution;
- are uninsured or underinsured and do not have available resources from other sources sufficient to pay for HIV-related services including private or employer sponsored insurance coverage.

The subgrantee must maintain a file for each client that includes a treatment plan where required by HRSA Ryan White Part B Monitoring Standards. The treatment plan must include the required components for each service category and signature of provider. The subgrantee must document and report on the number of services provided including the dates of service and submit all documentation with the monthly billing invoice and monthly report forms. The subgrantee must ensure that all services are entered into the RWPB data management system, CAREWare.

A summary of the core medical and support services are listed in this subgrant application, more complete detail will be included as part of the actual subgrant Scope of Work document.

A. CORE MEDICAL RELATED SERVICES

MEDICAL CASE MANAGEMENT

REQUIRED

Standard: Support for Medical Case Management (MCM) Services, including treatment adherence, to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. The subgrantee must submit copies of signed RWPB, ADAP, and IDAGap intake forms, release of information, income documentation, insurance verification, proof of Idaho residency, photo identification, and copy of HIV labs for every client in the program.

OUTPATIENT AND AMBULATORY MEDICAL CARE

OPTIONAL

Standard: Outpatient and Ambulatory Medical Care (OAMC) includes the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room or any other type of inpatient treatment center), consistent with Public Health Service guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Allowable services include:

- Diagnostic testing
- Early intervention and risk assessment
- Preventive care and screening
- Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions
- Prescribing and managing of medication therapy
- Education and counseling on health issues
- Well-baby care
- Continuing care and management of chronic conditions
- Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services)

As part of OAMC, the provision of laboratory tests integral to the treatment of HIV and related complications are included.

The subgrantee must document the number of laboratory tests performed and must ensure the tests are necessary based on established clinical practice. The Subgrantee providing services under this subgrant will ensure that HIV-related laboratory services are accessible to eligible RWPB clients in their health district service area. The subgrantee will ensure that laboratory results are delivered to RWPB Medical Case Managers, clinic staff, physicians, and the state RWPB program on a timely basis. The Subgrantee must ensure that the Department is updated with any changes to the lab practices, policies, and procedures.

ORAL HEALTH CARE REQUIREMENTS

OPTIONAL

Standard: Support for oral health care services includes diagnostic, preventive, and therapeutic dental care that is in compliance with dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals. The service cap per client is \$500 per year unless special circumstances result in a request to have higher costs included.

EARLY INTERVENTION SERVICES

OPTIONAL

Standard: Support for Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and the provision of all four components that include:

- HIV Testing and Targeted counseling

- Referral services
- Linkage to care
- Health education and literacy training that enable clients to navigate the HIV system of care.

The subgrantee must ensure that Ryan White Part B funds are used only where existing federal, state, and local funds are not adequate. Ryan White funds will not supplant existing funds for testing. Individuals who test positive are referred for and linked to health care and supportive services. Health education and literacy training is provided that enables clients to navigate the HIV system. EIS should be provided at or in coordination with documented key points of entry. EIS services must be coordinated with HIV prevention efforts and programs. The Subgrantee providing services under this subgrant will document the provision of all four required EIS service components.

HOME HEALTH CARE

OPTIONAL

Standard: Support for Home Health Care services provided in the patient's home by licensed health care workers such as nurses. Services exclude personal care and include:

- The administration of intravenous and aerosolized treatment
- Parenteral feeding
- Diagnostic testing
- Other medical therapies.

MEDICAL NUTRITION THERAPY

OPTIONAL

Standard: Support for Medical Nutrition Therapy services including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian. The subgrantee must maintain documentation of physician's recommendation and a nutritional plan.

HOSPICE CARE

OPTIONAL

Standard: Support for Hospice Care services provided to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice care for terminal patients. Documentation must include physician certification of client's terminal status and valid licensure of provider as required by the State in which hospice care is delivered. The subgrantee must provide assurance that the locations where services are provided are limited to a home or other residential setting or a non-acute care section of a hospital designated and staffed as a hospice setting.

Allowable services include:

- Room
- Board
- Nursing Care
- Mental health counseling
- Physician services
- Palliative therapeutics

HOME AND COMMUNITY-BASED HEALTH SERVICES **OPTIONAL**

Standard: Support for Home and Community-based Health Services defined as skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes appropriate health care professionals. Allowable services include:

- Durable medical equipment
- Home health aide and personal care services
- Day treatment or other partial hospitalization services
- Home intravenous and aerosolized drug therapy
- Routine diagnostic testing
- Appropriate mental health, developmental and rehabilitation services
- Specialty care and vaccinations for hepatitis co-infection, provided by public and private entities.

MENTAL HEALTH SERVICE **OPTIONAL**

Standard: Support for Mental Health Services includes psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically psychiatrists, psychologists, and licensed clinical social workers.

SUBSTANCE ABUSE OUTPATIENT CARE **OPTIONAL**

Standard: Support for substance abuse treatment includes outpatient services provided by or under the supervision of physician or other qualified/licensed personnel. Services provided must include a treatment plan that calls only for allowable activities. Services are limited to:

- Pre-treatment/recovery readiness programs
- Harm reduction
- Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
- Outpatient drug-free treatment and counseling
- Relapse prevention

B. SUPPORT SERVICES

CHILD CARE SERVICES **OPTIONAL**

Standard: Support for Child Care Services is for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Ryan White HIV/AIDS program related meetings, groups, or training sessions. Documentation must include description of HIV related meetings, groups or training sessions attended by the parent that made child care services necessary.

May include use of funds to support:

- A licensed or registered childcare provider to deliver intermittent care
- Informal childcare provided by a neighbor, family member, or other person (cannot include cash payments to client or primary caregivers)

EMERGENCY FINANCIAL ASSISTANCE (EFA)**REQUIRED**

Standard: The provision of short-term payments to agencies or the establishment of voucher programs to assist clients with essential services including utilities, housing, food (including groceries, food vouchers, and food stamps) or medications, provided to clients with limited frequency and for limited periods of time. Utilities are defined as power, water, heat, and phone. The Department will reimburse for expenditures under this category with the following restrictions:

- Expenditures must be short term; defined as no more than ninety (90) calendar days within a twelve (12) month period;
- Funding may not be used to pay for insurance co-pays for medications;
- Funds will only cover seventy five percent (75%) of any eligible charge; and
- Ryan White is the payer of last resort.

FOOD BANK/HOME DELIVERED MEALS**OPTIONAL**

Standard: Funding for Food Bank/Home Delivered Meals may include the provision of actual food items, hot meals, a voucher program to purchase food. Funding may also include the provision of non-food items that are limited to: personal hygiene products, household cleaning supplies. Funding may not be used for household appliances, pet food, or other non-essential products.

HEALTH EDUCATION/RISK REDUCTION**OPTIONAL**

Standard: Support for Health Education/Risk Reduction services that educate clients living with HIV about HIV transmission and how to reduce the risk of transmission. The information provided must include available medical and psychosocial support services, education about HIV transmission and counseling on how to improve their health status and reduce the risk of HIV transmission. The Subgrantee must ensure clients receive the required counseling on risk reduction for HIV transmission and how to improve their health status.

HOUSING SERVICES**OPTIONAL**

Standard: Funding for Housing Services involves the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. No Ryan White funds may be used to provide direct payments to clients for rent or mortgages.

Funding may be used for the following housing expenditures:

- Housing referral services, defined as assessment, search, placement, and advocacy services.
- Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to some type of medical or supportive service or relate to services that are essential for an individual or family. Housing services for purposes of medical care must be certified or documented.
- Transitional and emergency housing services limits are defined based on current HUD definitions unless the Ryan White Part B program decides to institute a different limitation.

The subgrantee must ensure staff providing housing services are case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access those programs. The subgrantee must help develop an individualized written housing plan consistent with the HRSA/HAB Housing Services Policy.

LEGAL SERVICES

OPTIONAL

Standard: Support for legal services provided for an HIV-infected person to address legal matters directly necessitated by the individual's HIV status, such as Preparation of Powers of Attorney and Living Wills. The subgrantee must assure that the program activities do not include any criminal defense or class-action suits unrelated to access to services eligible for funding.

LINGUISTIC SERVICES

REQUIRED

Standard: Funds may be used for interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery, when it is necessary to facilitate communication between the provider and client.

MEDICAL TRANSPORTATION

REQUIRED

Standard: An allowable support service under the Ryan White HIV/AIDS Program that enables an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers.

- Transportation must be provided through the purchase of gas cards in ten-dollar (\$10.00) increments. The subgrantee must calculate the roundtrip mileage to and from the core medical or support service appointment, multiply the total mileage by twenty-three cents (\$0.23) and round the product to the nearest ten-dollar (\$10.00) increment.
- Mileage incurred by a Medical Case Manager when transporting client(s) to and from a medical or support service appointment is reimbursable. Medical, oral health, mental health, substance use (including verified Alcoholics Anonymous or Narcotics Anonymous meetings), and housing services appointments are allowed medical transport mileage reimbursement.
- Requirements for mileage reimbursement for the use of privately owned vehicles to transport clients are as follows:
 - Only RWPB-funded Medical Case Managers may transport clients;
 - Private vehicles must be in working order;
 - Vehicle must have full coverage insurance for all passengers;
 - The Subgrantee must have secondary insurance for Medical Case Managers who transport clients; and
 - Medical Case Managers who transport clients must have a valid Idaho driver's license.

OUTREACH SERVICES

OPTIONAL

Standard: Support for outreach services designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them

to learn their status and enter care. The subgrantee must ensure the outreach services include the following provisions:

- Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection.
- Conducted at times and in locations frequented by individuals exhibiting high-risk behavior.

PSYCHOSOCIAL SERVICES

OPTIONAL

Standard: Support for Psychosocial Support Services may include counseling activities, child abuse and neglect counseling, HIV support groups, Pastoral care/counseling, Caregiver support, bereavement counseling, and nutrition counseling provided by a non-registered dietitian. Funds under this service category may not be used to provide nutritional supplementals.

REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES

OPTIONAL

Standard: Support for Health Care/Supportive Services that direct a client to a service in person or through telephone, written, or other types of communication where they are not provided as part of Ambulatory/outpatient Medical Care or case management services.

REHABILITATION SERVICES

OPTIONAL

Standard: Support for rehabilitation services intended to improve or maintain a client's quality of life and optimal capacity for self-care provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care. Services may include physical and occupational therapy, speech pathology, and low-vision training.

RESPIRE CARE SERVICES

OPTIONAL

Standard: Support for respite care services that includes non-medical assistance for an HIV-infected client provided in community or home-based settings and designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS.

SUBSTANCE ABUSE SERVICES – RESIDENTIAL

OPTIONAL

Standard: Support for residential substance abuse treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting.

TREATMENT ADHERENCE COUNSELING

OPTIONAL

Standard: Support for treatment adherence counseling which is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments, provided by non-medical personnel outside of the Medical Case Management and clinical setting.

C. QUALITY ASSURANCE

The Ryan White Part B/ADAP program will conduct site visits to assist the Subgrantee with program improvements and to monitor the activities of the subgrant. During a site visit, random charts may be audited to assist the Ryan White Part B/ADAP staff in ensuring the consistency and quality of services rendered. The Subgrantee must comply with the relevant service category definitions, collection and reporting of data for use in measuring performance.

D. ADMINISTRATION

Administrative Costs: Administrative costs are capped and may not exceed ten percent (10%) of the total subgrant costs. The Subgrantee is responsible for appropriate assignment of RWPB administrative expenses, with administrative costs that may include:

- a. Usual and recognized overhead activities, including rent, utilities, and facility costs.
- b. Costs of management oversight of specific programs funded under this title, including program coordination; clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; and computer hardware/ software not directly related to patient care.

For institutions subject to 2 CFR Part 215 (OMB Circular 21): the term “facilities and administration” is used to mean indirect cost. Inclusion of indirect costs [capped at ten percent (10%)] only where the Subgrantee has a certified HHS-negotiated rate approved by HRSA using the Certification of Cost Allocation Plan or Certificate of Indirect Costs, which has been reviewed by the HRSA/HAB Project Officer.

Note 1: To obtain a rate through HHS’s Division of Cost Allocation (DCA), visit DCA’s website at: <https://rates.psc.gov/>.

Note 2: Indirect costs are still subject to the RWPB administrative costs cap.

E. OTHER SERVICE REQUIREMENTS

Circular A-133 audit requirements -Subgrantees spending \$500,000.00 or over in federal funds during the Subgrantee’s fiscal year must have an audit performed in accordance with Circular A-133 and provide proof of audit.

- Subgrantees spending less than \$500,000.00 in federal funds during the Subgrantee’s fiscal year must make their records available for review by the Department and federal awarding agencies.

Subgrantee Staff Training Requirements - Subgrantee must ensure services are provided by staff appropriately trained. The Department will reimburse Subgrantee for required training courses. Staff training requirements include:

- Yearly department-facilitated MCM principles & database management training,
- Approved training or conference hosted by another agency/state

Subgrantee physical location - The Subgrantee must ensure the facility’s physical location is compliant with the Americans with Disabilities Act of 1990 (ADA).

Signed Consent - Subgrantee must ensure that all individuals receiving MCM and support services complete a signed consent for release of information that allows the case manager to coordinate services with other care providers.

Referral of new and existing clients - Subgrantee must accept referrals of potential new clients, enroll clients and provide MCM to Idaho residents with a verified HIV positive diagnosis, regardless of insurance status according to the policies and procedures located at www.safesex.idaho.gov on the HIV Care page. Ryan White funds are to be used as the payer of last resort.

Authorization of services - Subgrantee must ensure all referrals for client services and authorizations are made based upon necessity and according to a written plan of care created in collaboration with the client.

F. DATA REPORTING REQUIREMENTS

Subgrantees will be required to use a free electronic health and social support services information system called CAREWare. This application is used to gather and report on year-end client-level data to monitor on the quality of care. The subgrantee must report all the Ryan White services the provider offers to clients during the funding year including interim and final reports by the specified deadlines.

G. CONFIDENTIALITY OF RECORDS

Subgrantee must safeguard all records with client's name and information in accordance with Department policies, as defined in the Idaho RWPB/ADAP Policy Manual. This manual can be found at www.safesex.idaho.gov under the HIV Care page.

The subgrantee must ensure that a laptop or computer is available to the staff providing MCM services and staff supervising this position. Use of an employee's personal computer for storage of client records, processing client paperwork, or for conducting client correspondence is unallowable.

Use of personal cell phones is not acceptable. If a mobile phone is used, the agency must also retain access to the voice mailbox and have the ability to access the voice messages and change the greeting. Any scanned documents must be transmitted to the state and other providers through secure access. Client documents must be saved and password protected before any public health data is transmitted.

While it may not be feasible for the agency to provide the MCM staff with their own office, the case manager and supervisor should have access to an onsite office space to meet with clients at least twice a week. The office must be private to ensure client's privacy is maintained.

The agency must be able to ensure all client records are maintained in a secure location. A lockable file cabinet must be available onsite for storage of all client documents. No paperwork can be kept at an employee's home. Any transportation of client paperwork,

(from client's home, office visit etc.) cannot be kept overnight in a vehicle even if the doors are locked and the papers are in a secure locked box.

H. RESTRICTIONS

Services must be provided by Subgrantee(s) and their staff; Subgrantees must not subcontract the performance of services to another individual or entity. Ryan White Part B funds may only be used for provision of services and activities allowed under the Ryan White HIV/AIDS Programs Legislation available at: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/ryan-white-hiv-aids-program-legislation> and as defined in HRSA Ryan White HIV/AIDS Programs Policy Notices available at: <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>

The Health Resources and Services Administration's HIV AIDS Bureau (HRSA HAB) Policy 10-02 states that RWPB funds cannot be used to make direct payment of cash to recipients of services. Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Ryan White funds are to be used as the payer of last resort. Store gift cards that can be redeemed at a specific merchant or affiliated group of merchants for specific goods and services may be used. General use prepaid cards such as Visa, MasterCard, or American Express are considered cash equivalent and therefore are unallowable.

I. PAYER OF LAST RESORT

Idaho Ryan White Part B/ADAP funds may not be used to provide items or services that have already been paid or can reasonably be expected to be paid by third party payers, including Medicaid, Medicare, other state or local entitlement programs, prepaid health plans or private insurance. Medical Case Managers must ensure that eligible individuals are enrolled in Medicaid, Medicare, private insurance and/or other programs and that Part B/ADAP funds are not used to pay for any services covered by these programs clients are enrolled in. In areas where other HIV/AIDS funding is available, such as Part C and HOPWA, Part B does not require that each of these funding sources be exhausted prior to accessing Part B. Subgrantees must ensure that all clients are screened for Medicaid, Medicare, and/or access to other public or private insurance coverage when determining eligibility. Payment for eligible services should be coordinated across these funding streams.

Exception to the payer of last resort requirement is included in HRSA/HAB Policy 07-07 for veterans and Indian Health Services (IHS) for PLWH/A. This policy specifies RWHAP grantees may not deny services, including prescription drugs, to a veteran who is otherwise eligible for RWHAP services. Policy 07-01 states that programs administered by or providing services of the IHS are exempt from the "Payer of Last Resort" restriction for Parts A, B, and C by persons also eligible for benefits under IHS funded programs. In both of these instances, payer coordination on behalf of clients must respect client choice of payer in those cases where VA, IHS, and Ryan White are the available payers.

Federal Policy: HRSA HAB Policy Notice -08-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing

Needs. The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau (HAB) with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.

J. UNALLOWABLE COSTS

Drug Use and Sexual Activity: Ryan White funds cannot be used to support AIDS programs or materials designed to promote or directly encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

Purchase of Vehicles without Approval: No use of RWPB funds for the purchase of vehicles without written HRSA approval.

Broad Scope Awareness Activities: No use of RWPB funds for broad scope awareness activities about HIV services that target the general public.

Lobbying Activities: Prohibition on the use of Ryan White funds for influencing or attempting to influence members of Congress and other Federal personnel.

Direct Cash Payments: No use of Ryan White funds to make direct payments of cash to service recipients.

Employment and Employment Readiness Services: Prohibition on the use of Ryan White funds to support employment, vocational, or employment-readiness services.

Maintenance of Privately Owned Vehicle: No use of Ryan White funds for direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees.

Syringe Services: No use of Ryan White funds can be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drugs.

Additional Prohibitions: No use of Ryan White funds for the following activities or to purchase these items:

- Clothing,
- Funeral, burial, cremation or related expenses
- Local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)
- Household appliances
- Pet foods or other non-essential products
- Off-premise social/recreational activities or payments for a client's gym membership

- Purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility
- Pre-exposure prophylaxis

No use of RWPB funds to pay any costs associated with the creation, capitalization, or administration of a liability risk pool (other than those costs paid on behalf of individuals as part of premium contributions to existing liability risk pools), or to pay any amount expended by a State under Title XIX of Social Security Act.

K. IMPOSITION OF CHARGES

Public Health Service Act Sections 2605(e), 2617(c), and 2664(e)(1)(B)(ii) prohibits charges imposed on RWHAP patients with incomes below 100% Federal Poverty Level (FPL) and requires charges imposed on RWHAP patients with incomes above 101% FPL. Imposition of Charges is a term used to describe all activities, policies, and procedures related to assessing RWHAP patient charges as outlined in legislation.

Imposition of Charges Requirements:

- No RWHAP patient will be denied service due to an individual's inability to pay.
- Imposition of charges applies to those services for which a distinct fee is typically billed within the local health care market.
- The schedule of charges must be publicly available.
- A system must be in place to track imposed charges that has a means to cap imposed charges.
- Agencies must ensure services are provided regardless of ability to pay.
- HRSA RWHAP statute does not require that patients who fail to pay be turned over to debt collection agencies.

Example of Schedule of Charges:

FPL Category	Charge
<=100% FPL	\$0.00
101-200% FPL	\$5.00

Limitations on aggregate charges imposed during the calendar year based on RWHAP patient's gross income. All fees are waived once the limit on aggregate charges is reached for that calendar year. Recipients should be charging RWHAP patients over 100% FPL for services rendered, even if it is only \$1.00. Placement on the schedule of charges is based on individual annual gross income. A schedule of charges may be a flat rate (a single fee regardless of service type) or varying rate (fee or percentage discount based on income – sliding fee scale).

6. BUDGET PROPOSAL

Applicants must complete and submit with their applications an itemized, detailed Budget Proposal with justification (Attachment 3). Please do not alter the format in any way. Final budgets will be subject to Department approval. The Budget Proposal does not count toward the 15-page limit. Failure to submit a Budget Proposal will yield an application score of 0.

List all personnel employed to perform work under this subgrant. Include proposed salaries, time and effort percentage (full time equivalent or FTE), and fringe benefits. In the justification, include the role and expected contribution of budgeted personnel. A description of how fringe benefits are projected and what components are included in the calculation (insurance, paid time off, etc.)

The Subgrantee providing services under this subgrant will ensure that MCM Services are provided in accordance with the U.S. Public Health Service and HRSA HIV/AIDS Bureau guidelines and the Idaho Ryan White Part B Policies and Standard Operating Procedures, found at: www.safesex.idaho.gov and must ensure that everyone providing services under this subgrant includes the personnel with the following qualifications:

Medical Case Manager - A bachelor's degree in a health or human services field is preferred; or alternately a candidate may have extensive experience defined as specialized case management training or an associate degree and one to two (1-2) years of experience in a human service related field, such as social work, psychology, or nursing. This position must provide the overall medical case management duties.

Administrator with Supervisory Authority - Must have a bachelor's degree in a human services field, and at least one (1) year of supervisory experience. This position provides general oversight and supervision of the Medical Case Manager position. Duties of the Administrator include, but are not limited to: billing and invoicing; second level review of forms for accuracy and completion prior to submission; providing quality assurance to ensure performance objectives are met; ensuring training requirements are met; ensuring the Department has up-to-date copies of all needed licensure/certifications, etc. The Administrator position may be filled by a non-salaried person from the agency, such as a board member.

Supplies – Justification should describe the rationale and who will be using the supplies.

Travel - Include an estimate for travel for the medical case manager to travel to attend a client's doctor visits, other client related support services, and travel for required training.

Example of a Budget Table:

Personnel Budget

Description	FTE	Salary	Fringe	Total
Medical Case Manager	0.5	\$34,320	20%	\$41,184.00
Supervisor	0.15	10,920	20%	\$13,104.00
Not to Exceed				\$54,288.00

Cost Reimbursement

Category	Description	Total
Supplies		\$600.00
Travel		\$2,500.00
Outpatient Ambulatory Care and HIV Diagnostic Laboratory Tests		\$20,000.00
Oral Health		\$5,000.00
Emergency Financial Assistance		\$15,000.00
Medical Transportation		\$6,000.00

Attachment 1: Application Face Page

Medical Case Management and Support Services for Persons Living with HIV/AIDS

Applicant organization:

Federal tax identification number (TIN):

Data Universal Numbering System (DUNS):

(If your organization does not have a DUNS number, please see: [DUNS Web Form](#) to begin the process)

Name of contact person:

Phone number:

Fax number:

Address:

City:

Zip code:

Email address:

Total amount of funding requested: \$

(Project period 2/1/2019 –3/31/2021)

Providing false information or documentation will be considered grounds for declaring the applicant ineligible. All funds determined to have been acquired on the basis of fraudulent information must be returned to the Idaho Ryan White Part B program.

I hereby certify that the information contained in this application is true and correct.

Authorized Signature: _____ **Date:** _____

Printed Name and Title: _____

Attachment 2: Organizational Experience

A response is required for any services included in the organization's budget proposal.

A. CORE MEDICAL SERVICES

<u>MEDICAL CASE MANAGEMENT</u>	<u>REQUIRED</u>
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1. Describe the history of the organization providing medical case management services and if applicable the medical case management services provided to HIV positive clients.
2. Provide the organization's hours of operation and the expected schedule (day/time frame) the case manager will be available to clients.
3. Provide documentation of resumes for required positions or written assurances that positions will be filled as required.
4. If current provider of case management, describe the case load and the number of clients per case manager.
5. Provide the name and location of the agency where clients will receive services.
6. Provide a proposed imposition of charges schedule for the services that will be provided at your agency.

<u>OUTPATIENT AMBULATORY CARE (OAMC) SERVICES</u>	<u>OPTIONAL</u>
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1. Describe the organization's experience ensuring clients have access to OAMC services including laboratory tests or how the Medical Case Manager will ensure this standard for this service category will be met.

<u>ORAL HEALTH CARE REQUIREMENTS</u>	<u>OPTIONAL</u>
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1. Describe the organization's experience ensuring clients have access to oral health care including diagnostic, preventive, and therapeutic dental care or how the Medical Case Manager will ensure this standard for this service category will be met.

<u>EARLY INTERVENTION SERVICES</u>	<u>OPTIONAL</u>
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1. Describe the organization's experience providing early intervention services including all four components or how the Medical Case Manager will ensure this standard for this service category will be met.

<u>HOME HEALTH CARE</u>	<u>OPTIONAL</u>
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1. Describe the organization's experience ensuring clients have access to Home Health Care services or how the Medical Case Manager will ensure this standard for this service category will be met.

<u>MEDICAL NUTRITION THERAPY</u>	<u>OPTIONAL</u>
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1. Describe the organization's experience ensuring clients have access to medical nutritional therapy or how the Medical Case Manager will ensure this standard for this service category will be met.

HOSPICE CARE**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to Hospice care or how the Medical Case Manager will ensure this standard for this service category will be met.

HOME AND COMMUNITY-BASED HEALTH SERVICES**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to Home and Community-Based Health Services or how the Medical Case Manager will ensure this standard for this service category will be met.

MENTAL HEALTH SERVICE**OPTIONAL**

1. Describe the organization's experience providing mental health services, or
2. Describe partnerships with other organizations that will provide mental health services. Include the name and location of the agency site(s) where clients will receive services and capacity (number of clients who can receive services).

SUBSTANCE ABUSE OUTPATIENT CARE**OPTIONAL**

1. Describe the organization's experience providing outpatient substance abuse care, or
2. Describe partnerships with other organizations that will provide outpatient substance abuse care. Include the name and location of the agency site(s) where clients will receive services and capacity (number of clients who can receive services).

B. SUPPORT SERVICES**CHILD CARE SERVICES****OPTIONAL**

1. Describe the organization's experience ensuring clients have access to childcare services or how the Medical Case Manager will ensure this standard for this service category will be met.

EMERGENCY FINANCIAL ASSISTANCE (EFA)**REQUIRED**

1. Describe the organization's experience ensuring clients have access to emergency financial assistance to help pay for emergency expenses, specifically if staff have experience helping clients develop budgets or how the Medical Case Manager will ensure this standard for this service category will be met.

FOOD BANK/HOME DELIVERED MEALS**OPTIONAL**

1. Include a list of area food banks that will be available to clients.
2. Include a list of any agency that provide home delivered meals.

HEALTH EDUCATION/RISK REDUCTION**OPTIONAL**

1. Describe the organization's experience providing health education/risk reduction services or how the Medical Case Manager will ensure this standard for this service category will be met.

HOUSING SERVICES**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to housing services, including any support or experience with the HOPWA program or how the Medical Case Manager will ensure this standard for this service category will be met.
2. Describe the history of the organization providing HOPWA services to clients including the length of time and the number of clients served.

LEGAL SERVICES**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to legal services or how the Medical Case Manager will ensure this standard for this service category will be met.

LINGUISTIC SERVICES**REQUIRED**

1. Describe how the organization will ensure clients have the appropriate linguistic/translation services.
2. Include the name of the linguistic resource that will be used.

MEDICAL TRANSPORTATION**REQUIRED**

1. Describe the history of the organization providing medical transportation services to clients or how the Medical Case Manager will ensure this standard for this service category will be met.

OUTREACH SERVICES**OPTIONAL**

1. Describe the organization's experience conducting outreach services to clients who do not know their HIV status and are not in care.
2. Include a description of the locations the organization with focus on to reach clients exhibiting high-risk behavior and how the organization will collaborate with HIV Prevention providers to ensure duplication of effort.

PSYCHOSOCIAL SUPPORT SERVICES**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to psychosocial support services or how the Medical Case Manager will ensure this standard for this service category will be met.

REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES**OPTIONAL**

1. Describe the organization's experience referring clients to health care/supportive services that are not a part of Ambulatory/Outpatient Medical care or case management services or how the Medical Case Manager will ensure this standard for this service category will be met.

REHABILITATION SERVICES**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to rehabilitation services or how the Medical Case Manager will ensure this standard for this service category will be met.

RESPITE CARE**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to respite care or how the Medical Case Manager will ensure this standard for this service category will be met.

SUBSTANCE ABUSE SERVICES**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to substance abuse services or how the Medical Case Manager will ensure this standard for this service category will be met.

TREATMENT ADHERENCE COUNSELING**OPTIONAL**

1. Describe the organization's experience ensuring clients have access to treatment adherence counseling or how the Medical Case Manager will ensure this standard for this service category will be met.

Attachment 3: Budget Proposal

Personnel Costs Name (Title/Role)	Unit Cost Per Hour	Number of Hours	Fringe Rate	Amount Requested
Total Personnel Costs				\$

Justification Narrative:

Category	Description & Justification	Amount Requested
Subtotal		\$
Total Amount of Funding Request		\$

Attachment 4: Financial Risk Assessment Questionnaire

Name of organization:

Name and title of person completing this form:

- 1) Please complete the following chart (add lines, as necessary) or attach your own document detailing your organization's current sources of funding (including IDHW grants) by providing the funding agency, the program name, the types of funds (i.e., Federal, State, local, private, etc.), and the contract budget amount:

Grantor Agency	Program	Type of Funds	Contract Budget Amount	Contract Period
				-
				-
				-
				-

- 2) Are you currently seeking any other funds from the IDHW through grant applications, proposals in response to requests for proposals, purchase orders, other contracts, or any other financial arrangement? If yes, please list and explain.
- 3) Has your organization administered programs similar to your current grant proposal? If so, please list and explain.
- 4) How many years has your organization been in existence?
- 5) How many total FTE are there in your organization?
- 6) How many total FTE perform accounting functions within your organization?
- 7) When is your organization's fiscal year end?
- 8) Does your organization receive an audit under the Single Audit Act/OMB Circular A-133 (Government Auditing Standards)?
If yes, please provide a copy (electronic preferred) of your most recent audit report.
- 9) Does your organization receive an annual financial statement audit under Generally Accepted Auditing Standards (GAAS)?
If yes, please provide a copy (electronic preferred) of your most recent audit report.
- 10) Are your organization's financial records maintained in accordance with Generally Accepted Accounting Principles (GAAP)?

- 11) How are the financial records maintained to identify the source/revenue and application/expenditure of funds?
- 12) How are contract funds accounted for separately and allocated in your organizations accounting records?
- 13) Are accounting records supported by source documentation? If so, please provide examples of source documentation that is maintained and retained?
- 14) What controls are followed to ensure all of the following:
 - a) the reasonableness of cost;
 - b) the allowability of costs; and
 - c) the allocability of costs to a contract?
- 15.) Please describe your organization's overall fiscal controls and structure to sufficiently:
 - a) permit the preparation of financial reports required by this contract and preparation of financial statements;
 - b) allow the organization's staff, in the normal course of performing their assigned functions, to prevent or detect misstatements in financial reporting or the loss of assets in a timely manner;
 - c) allow for accurate, current, and complete disclosure of the financial results of financial activities in accordance with the financial reporting requirements of the contract;
 - d) permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of applicable statutes, regulations, and contracts; and
 - e) maintain and safeguard all organization cash, real and personal property, and other assets.
- 16) This contract will be on a cost reimbursement basis. What will be your organization's source of cash and how will your organization manage its cash flow between the time costs are incurred and reimbursed?
- 17) What is the accounting experience and qualifications of the person that oversees maintaining your accounting and financial records? You may provide a copy of this person's resume.
- 18) Does your organization have employee fidelity bond/insurance coverage for all its employees that handle cash? If so, what is the coverage amount?
- 19) Does your organization have an active oversight committee/board and are they provided financial reports and information on a regular basis? If so, please elaborate.

Please Sign and Date: _____

7. APPLICATION CHECKLIST

A completed application will include these components in the following order:

- ☐ Application Face Page
- ☐ Table of Contents
- ☐ Project Summary and Background Information
- ☐ Organizational Experience
- ☐ Budget Proposal
- ☐ Financial Risk Assessment Questionnaire
- ☐ W-9 Form

A complete application will include all components listed above. Incomplete application will not be reviewed.